





Form No. 100-100000-100000

# PARTICULARS OF RECRUIT

Class: 1

1. Surname	
2. Christian name	
3. Age at birth	
4. Military service (if any)	
5. Date of birth	
6. Place of birth	
7. Marital status (if any)	
8. Religion	
9. Trade or calling	
10. Name of next of kin	
11. Relationship (if any) of next of kin	
12. Address of next of kin	
13. Whether at present a member of the Forces	
14. Particulars of previous military or naval service (if any)	
15. Medical examination under Military Service Act, 1916	
(a) Present	
(b) Former	
(c) Category	

## DECLARATION OF RECRUIT

I, the undersigned, being the father of the above named person, do hereby declare that the above particulars are true and correct to the best of my knowledge and belief.

(Signature of Recruit)

## DESCRIPTION ON CALLING UP

Appearance	
Height	
Build	
Complexion	
Stature	
Other	

Report No. 100-100000-100000

Key

OTTA WA



REGIMENTAL DOCUMENTS

H

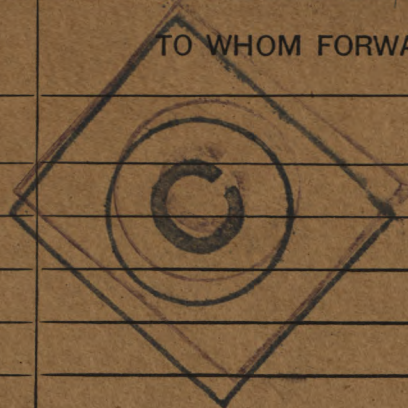
22-3-19

NAME *La LAMME Joseph*

REGT. NO. *8327783*

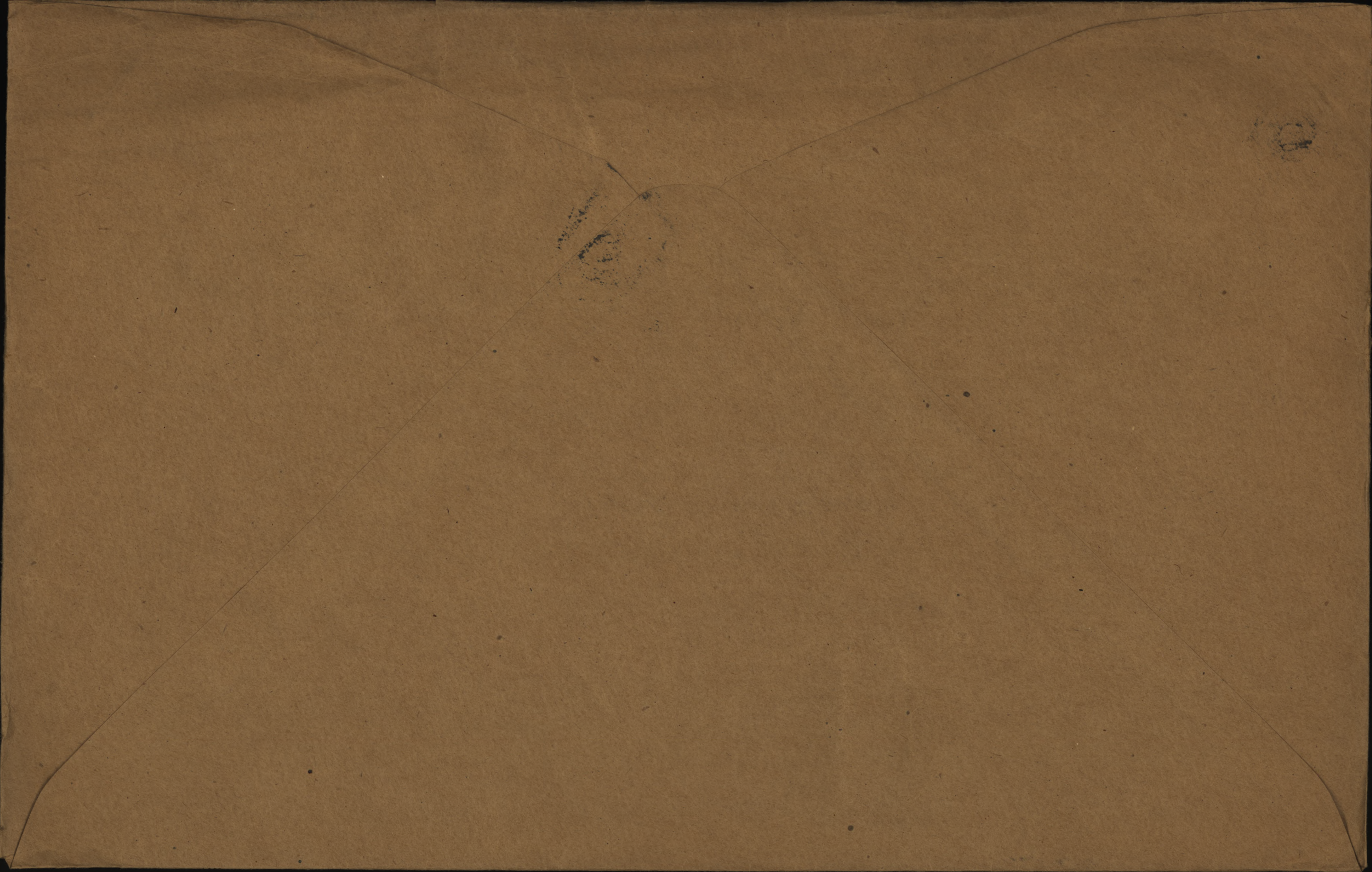
UNIT *2<sup>nd</sup> Dep. EOR*

H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
/ ATTESTATION PAPER (M.F.W. 23, 133, or 51)					<b>DEATH</b>
/ CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
/ TRAINING HISTORY SHEET (M.F.W. 113)					
/ FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
/ MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
/ DENTAL HISTORY SHEET (M.F.B. 465)					
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<b>02243</b>
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
LAST PAY CERTIFICATE (M.F.W. 44)					
/ PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>1 Only Card</i>					

H







Surname *Lafamme*  
Christian names *Joseph*  
Regtl. No. *3327783* Rank *Pte.*  
Unit *East Ont Regt 2nd Dep Bn*  
H. Q. ....  
M. D. No. *3* .....  
T. O. S. *Aug 3rd* 1918  
D. O. Pt. IV *215* of *3-8-18*  
S. O. S. *Dis 9-9-1918*  
Reason *R to R*  
Auth *2150 R.D.D. 228 of 16-8-18*  
*and 3*

Next of kin *Lafamme Alfred* Relationship *uncle*  
Address *St. Martin*  
*P.Q.*  
Also notify: .....

BORN—Place *Canada, St. Philomena P.Q.* Date *Aug 15 1893*  
ATTESTED—Place *Ottawa Ont.* Date *Aug 3 1918*  
O/S ..... R/C .....





Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps ..... 2nd. DEPOT BATTALION,  
Eastern Ontario Regiment.

Regimental No. 3327783 Rank PRIVATE Name LAFLAMME, JOSEPH  
C. E. F.

<sup>Joined</sup> Enlisted (a) 3-8-18 Terms of Service (a) CE7 Service reckons from (a) 3-8-18

Date of promotion to } Date of appointment } Numerical position on }  
present rank } to lance rank } roll of N. C. Os. }

Extended ..... Re-engaged ..... Qualification (b) FARMER

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
16-8-18	2nd Depo Bn E. O. Co.	S.O.S. to Co of Co.	Uawa	9-9-18	P+1 Do 228

*J. C. Angman*  
Capt  
for S of R

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.







# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER Safarine J.

RANK Private  
2nd. DEPOT BATTALION,  
REGIMENT: Eastern Ontario Regiment

No. 3327783



## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoxa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
												U	L	P			Gold	Porcelain					
	<u>1918</u> <u>Aug 10</u>																			<u>Capt W.R. Egan</u>			

13-1630-32







# MEDICAL HISTORY SHEET.

1. Surname Laflamme Christian name Joseph  
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule SC 259714  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) .....  
 4. Address (including street) and number if any) La Sarre Que

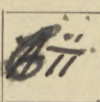
The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 10<sup>th</sup> day of August, 1918, by the undersigned medical board sitting at Ottawa Ont

5. Age as stated 22 Years 11 Months. 6. Apparent age 22 Years 11 Month  
 7. Height 5 Feet 8 Inches. 8. Weight 124 Pounds.  
 9. Chest measurement { Minimum 32 1/2 Ins. 10. Complexion Medium { Eyes Brown  
 { Maximum 35 1/2 Ins. { Hair Brown  
 11. Physical development Good { Good Fair Poor 12. Smallpox marks none  
 13. Number of vaccination marks { Right arm ..... 14. When vaccinated last Childhood  
 { Left arm 1 .....  
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease Scar right knee  
Mole inside left elbow Mole under left knee Scar below  
right eye Repeated Phthisis

16. Slight defects but not sufficient to cause rejection .....  
 The man denies having had { Rheumatism, Epilepsy, We find no evidence of past { Rheumatism, Epilepsy, Syphilis, Tuberculosis, Nervous or Mental disorder, Asthma, Asthma.

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category



17. (a) Vision. R. 6/6 L. 6/6  
 (b) Hearing. R. Normal L. Normal  
Charles G. G. President.  
Low Saults Club Member.

Signature of Man *Joseph Laflamme*

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined 3rd day of Aug 1918 at Ottawa Ont.

2ND DEPOT BN. CORPS	REG'TL NUMBER	HABITS	DATE
<u>E. O. R.</u>	<u>3327783</u>		<u>3-8-18</u>
Joined on enlistment			
Transferred to.....			

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N.B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

If raised in category, record category in a square. The M. O. will initial and date.







SHORT FORM.  
 PROCEEDINGS ON DISCHARGE.  
 (Demobilization.)



1. No.	Regtl. No. <b>3327783</b>	Serial No. <b>SC-259714</b>
2. Rank.	Pte.	
3. Name.	<b>LAFLAMME, Joseph</b>	
4. Unit.	<b>2nd Depot Btn., E.O.R..</b>	
5. Date of Discharge	<b>9-9-18</b> <del>21 SEPT 1918</del>	Place <b>Ottawa. ONT.</b>
6. Reason for Discharge	<b>DEMOBILIZATION</b> Struck off Strength on return to Registrar's records <b>9<sup>th</sup> Sept.</b> <b>August 1918</b> Daily Order No. <b>228</b> of <b>16<sup>th</sup> Aug 1918</b> Discharged under authority <b>PC-3051 of 11-12-18</b>	
7. Authority.		
8. Proposed Residence after Discharge	<b>La. Sarre, P.Q..</b>	
9.	<b>CERTIFICATE TO BE SIGNED BY SOLDIER.</b> I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.?.....  <div style="text-align: right;">Signature of Soldier.</div>	
10.	<b>CONFIRMATION.</b> The discharge of the above named man is hereby confirmed.  Place.....  Date.....  <div style="text-align: right;">Signature..... (O. C. Discharging Unit.)</div>	

Prev noted  
 18-3-18  
 acw







LIST OF DISCHARGE DOCUMENTS

Allegation Roger Johnson	Medical Form 103
or Treatment of Patient	Medical Form W-103
First Contact Report	Medical Form W-103
Second Contact Report	Medical Form W-103
and 1st Contact	Medical Form W-103
Orthotic and Nursing Assessment and Rehabilitation	Medical Form W-103
Medical History Sheet	Medical Form W-103
Processing of Medical Board	Medical Form W-103
Final History Sheet	Medical Form W-103
Medical Board	Medical Form W-103
Regimental Contact Sheet	Medical Form W-103
Company Contact Sheet	Medical Form W-103



LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a